

Urban District of
Windermere

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR

1963

KENDAL

TITUS WILSON & SON, LTD.

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Kendal 1296.

Stricklandgate House,
P.O. Box 18,
Kendal.

*To the Chairman and Members of the Urban District Council of
Windermere.*

SIR, LADIES AND GENTLEMEN,

I have the honour to submit to you my Annual Report on the health of the Urban District for the year 1963.

I wish to acknowledge the help and ready co-operation of my colleague the County Medical Officer of Health, and also the assistance afforded to me by the local general medical practitioners.

I am indebted also to the Public Health Inspector and his staff for the spirit of teamwork which exists in my department, and for the fund of local knowledge which they have laid at my disposal.


I have the honour to be,

Sir, Ladies and Gentlemen,

Your obedient servant,

FRANK T. MADGE,

Medical Officer of Health.



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NATURAL AND SOCIAL CONDITIONS OF THE DISTRICT.

Area of the Urban District in acres	9,723
Population at 1961 Census	...	...	...	6,562
Population (Registrar-General's mid year estimate)				6,630
Inhabited houses	...	...	...	2,423
Rateable Value	...	...	...	£262,584
Product of a Penny Rate	...	...	...	£1,050
Rate in the Pound levied	...	...	...	10/4d.
of which the County Rate was	...	...	...	7/1d.

The Urban District of Windermere lies in a long narrow strip down the east side of the Troutbeck Valley and for four miles along the east bank of Windermere Lake. The District slopes steeply from a level of about 800 feet in the east down to the Lake which lies at about 130 feet above sea level. The slopes are well wooded and exquisite vistas of most of the Lake District are obtainable throughout.

The geology of the Urban District comprises in the southern half steeply dipping Kirkby Moor Flag in the Upper Ludlow Series of the Silurian System. In the northern half the rocks are Coniston Grits in the Wenlock Series of the Silurian System. At the extreme north in the Troutbeck Valley, there are thin beds of Taranon Shales, pale slates, Coniston Limestone, and then occur the Borrowdale Volcanic Series. There are occasional areas of glacial drift and some alluvial deposit in the valleys.

The climate is mild and equable. The valley bottoms are sheltered from the prevailing westerly winds, and the open aspect to the south-west provides full access to sunshine. Temperature gradient inversions are frequent at night but are soon dispelled in the morning. The rainfall varies between 70 and 75 inches a year, but this figure is due more to the heaviness of the rain when it comes rather than to an undue proportion of rainy days. Snow may be expected for one or two weeks in the late winter.

The District is mainly residential in character with a seasonal influx of holiday visitors to enjoy the amenities of the National Park. This influx raises the population to a peak of approximately 10,000. The outlying portions of the District are mainly agricultural and many of the small local industries are ancillary to agriculture. There are also the following industries which provide a certain amount of local

employment and stability to the area to balance the fluctuating conditions in the holiday trade:—

Boatbuilding.	Machine Tool Manufactory.
Coffin Manufactory.	Laundry.
Cake Manufactory.	Motor Engineers.

The variety of these opportunities for local employment has, with emigration, kept Windermere happily free from unemployment. These industries, together with the trade associated with the hotels and boarding-houses, have provided that economic security and local prosperity which is a most important factor in the maintenance of the public health.

STAFF.

Name	Qualifications.	Office.	Whole or Part Time.	Other Offices.
Madge, F. T.	M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.	Medical Officer of Health	Part	M.O.H. Combined County Districts of Westmorland
Shepherd, D.	F.A.P.H.I., F.F.S., Cert. S.I.B.	Public Health Inspector	Part	Additional Public Health Inspector, South Westmorland Rural District
Machell, B. M.	—	Clerk to Medical Officer of Health	Part	Clerk to M.O.H. Combined County Districts of Westmorland

Staff Changes.

There were no staff changes during the year.

COMMITTEES.

The Minister of Health requires me to include a list of the Council's committees which are concerned with matters of public health.

The Health and Water Committee deal with the principal matters, but there are other aspects of public health importance which are dealt with by the Housing Committee.

VITAL STATISTICS.

The following extracts are made from information supplied by the Registrar-General, with figures for 1962 for comparison.

Area of the Urban District in acres 9,723

	1962	1963
Estimated civilian population (mid year) ..	6,640	6,630
Live Births. Legitimate— males	47	44
females	42	48
Illegitimate— males	2	1
females	1	2
Total	92	95
Crude Rate per 1,000 population	13.85	14.3
Corrected Rate per 1,000 population	14.8	16.8
Birth Rate for England and Wales	18.0	18.2
Illegitimate Birth Rate per 1,000 live births.	32.6	31.6
Still Births. Legitimate— males	—	—
females	4	1
Illegitimate— males	—	1
females	—	—
Total	4	2
Total (live and still) births ..	96	97
Rate per 1,000 total (live and still) births	41.7	20.6
Rate for England and Wales ..	18.1	17.3
Deaths. males	40	59
females	46	55
Total	86	114
Crude Rate per 1,000 population ..	12.95	17.2
Corrected Rate per 1,000 population	10.1	12.5
Rate for England and Wales ..	11.9	12.2

	1962	1963
Infantile Deaths (under 1 year)		
Total deaths under 1 year.. ..	3	1
Rate per 1,000 live births	32.6	10.5
Rate for England and Wales	20.7	20.9
Legitimate	3	1
Rate per 1,000 legitimate live births	33.7	10.9
Illegitimate	—	—
Rate per 1,000 illegitimate live births	—	—
Neonatal Deaths (under 4 weeks)		
Total neonatal deaths	2	1
Rate per 1,000 live births	21.7	10.5
Rate for England and Wales	15.1	14.2
Early Neonatal Deaths (under 1 week):		
Total early neonatal deaths	2	1
Rate per 1,000 live births	21.7	10.5
Perinatal Mortality		
Stillbirths and deaths under 1 week.. .. .	6	3
Rate per 1,000 total (live and still) births	62.5	30.9
Maternal Mortality:		
Total Deaths	—	—
Rate per 1,000 total (live and still) births	—	—
Rate for England and Wales	0.35	0.28

Deaths from certain causes:—

	1962.	1963.
Cancer	17	22
Measles	Nil	Nil
Whooping Cough	Nil	Nil

The main causes of death were:—

Heart Disease ... ..	...	36
Cancer ... ..	...	22
Vascular lesions on nervous system ... ..	...	12

COMMENTARY ON THE VITAL STATISTICS.

Population.

The population at the 1961 Census numbered 6,562 persons, comprising 2,868 males and 3,694 females, an increase of 3.9% since the 1951 Census.

It is interesting to note that males increased by 5.9% whereas females increased only by 2.4%, so that the number of surplus females fell from 900 to just over 800.

We have a much higher proportion of elderly people in our local community than in most other districts. The average percentage of people over 65 years of age in England and Wales was 11.9% at the 1961 Census, and the average for Westmorland was 14.9%. Windermere Urban District had the high figure of 18.6%.

In more practical terms, out of our local population of 6,562 we had 1,225 people over 65 years of age. 809 were women and only 416 were men. In fact, 22% of all the women in Windermere were over 65 years of age.

But in these days, the 65th birthday is becoming a derisory landmark for accepting the label of old age. Perhaps 75 might be more realistic for easing up on the rough and tumble of an active life. We had 766 people over 75 years old in our District: most of them hale and hearty. 84 were over 85 years old, and 21 were over 90. Not bad going for our little population of some 6½ thousand souls.

Nevertheless, it means that the younger age-groups will have to keep awake to provide the community support which elderly people need to make their survival achievements worthwhile.

Another interesting fact is that although the population increased by only 247 in ten years, the number of occupied structurally separate dwellings increased by 333, and the number of households increased by 260. So the population spread themselves out more comfortably as more houses became available.

Over the past 30 years, since the 1931 Census, the population has increased about 8% which is a fairly stable rate, and a more reliable index than considering just annual changes. But it is the general trend of population which is important for the planning of future housing, water and sewerage requirements, and for the broader issues of the economic prosperity of the District. That trend has accelerated during the last ten years, but I think it simply reflects the housing boom of the nineteen fifties.

Death Rate.

The corrected death rate was slightly above the average for England and Wales, although the crude rate was much higher due to the elderly population.

Birth Rate.

Our local community are now showing a heartening rise in the birth rate over the past four years. It was not simply a question of having an elderly population that led to so many years of poor reproduction: there were other complex social factors.

Although the birth rate is still below the national rate, we seem to be catching up. Our local improvements in housing and the fast-approaching maturity of the post-war "bulge" of population will probably accelerate this trend for the next five years. It is a healthy sign, which reflects the growing faith of young people that there is a worthwhile life to be lived in the District, instead of cutting their roots and clearing out, as so many earlier generations have had to do.

Stillbirth Rate.

Not good enough, although such small figures are not perhaps statistically significant. Happily we lost no expectant mothers.

Perinatal Mortality.

There is often not much difference between the cause of a baby dying in the first week of its life and the cause of a stillbirth. Sometimes it is a matter of chance whether such a baby dies before delivery or after. So we now add the number of stillbirths to the number of babies dying in their first week, and we call it the perinatal mortality: in popular language, the deaths which happen around the time of birth. The more precise limits are between the beginning of the twenty-eighth week of pregnancy and the end of the fourth week after delivery.

Anyway, the perinatal mortality statistics include most of the fatalities which are caused by abnormalities of the baby as it develops in the womb. Some of those may be due to the mother catching infections during a critical phase in her pregnancy; or more rarely to drugs: or more commonly to some genetic factor. The statistics include the fatalities which are caused by toxæmias of pregnancy and accidents within the womb. The mechanical stresses and strains of delivery, the attention given to the new-born child, the blood peculiarities, and even the risks of accident and infection in the first week of life, are all included factors. So the perinatal mortality rate

is perhaps better regarded as a measure of obstetric achievement. What happens to a live baby in its first four weeks depends to a great extent on what has happened to it before delivery.

There are some signs of hope that science may be able to prevent certain types of developmental abnormalities, and it is clear that the increased availability of obstetrical specialists will help to reduce the number of neonatal deaths. An advisory obstetric committee has been set up in Westmorland to co-ordinate the functions of the three divisions of the health service involved in midwifery, and to investigate the causes of stillbirths and infant deaths. Its second Triennial Report was published during 1962.

NOTIFIABLE DISEASES TABLE.

DISEASE	Total	Ages										Admitted to Hospital	Deaths	
		-1	1-	2-	3-	4-	5-	10-	15-	20-	35-			45-	65-
Measles	43	2	4	4	1	3	12	13	4	-	-	-	-	-
Whooping Cough ..	4	-	1	-	1	-	2	-	-	-	-	-	-	-
TOTAL	47	2	5	4	2	3	14	13	4	-	-	-	-	-

PREVALENCE AND CONTROL OF INFECTIOUS AND OTHER DISEASES.

Public Health Act, 1936. Sections 143-170.

National Health Service Act, 1946. Part III.

The general incidence of illness can be assessed by the weekly number of new claims for sickness benefit at our local National Insurance offices. A logarithmic graph of those figures shows a regular seasonal pattern over the years, and any variations are usually worth investigating.

Measles was the main feature during 1963. Most of the cases occurred as a sharp outbreak in both Windermere and Bowness in February. The rest of the year was fairly free of trouble. We had to keep an eye on a couple of Zermatt typhoid contacts until they proved to be safe.

It is pleasing to record that the notification of infectious disease has much improved in recent years, and I am very grateful to my colleagues in general practice for their prompt help in this respect. I look upon the control of notifiable diseases as one of the most important duties of our department.

TUBERCULOSIS.

Tuberculosis is one of the most important communicable diseases of our time. Its prevention is primarily dependant upon social and economic factors in the general community, and secondarily upon the management of the established case. Your Council's functions are three-fold: to investigate the source of infection, to prevent the spread of infection, and to remove conditions favourable to infection.

One of the most effective ways of finding the sources of infection is mass radiography. The Mobile Units of the Manchester Regional Hospital Board makes periodical visits to our District for this purpose.

I should like to see many more of our local population take advantage of this valuable service. It not only detects pulmonary tuberculosis at the most favourable time for a cure, but it also provides an early warning against many other chest conditions, lung cancer, and certain heart diseases.

Preventing the spread of infection is helped by prompt treatment and supervision. Waiting time is nowadays very short for admission to hospital, and modern drugs achieve most promising results for returning the patient to a useful working life.

It is equally important to discover the non-active cases of tuberculosis, so that we can do all in our power to prevent them breaking down in an infectious state. So, too, with cancer of lung, in order to secure the best chance of operative treatment.

The x-ray results are communicated to the patients' family doctor if there are any abnormalities, and so the findings can best be explained to the individual if any treatment seems needed.

Such discoveries more than justify the visits of the Mass Radiography Units to our area at regular intervals. I think that we should do all we can to make really excellent arrangements for their reception, and encourage our local people to turn up in full force for their chest x-rays.

The number of tuberculosis patients on the register at the year end were:—

		1962.	1963.
Respiratory	...	14	12
Non-Respiratory	...	3	3
		—	—
		17	15
		—	—

No new cases were notified during the year and there were no deaths from the disease.

The Hospital Services.

National Health Service Act, 1946. Part II.

Your District lies in the area of the Manchester Regional Hospital Board, and most of the general needs of our local people have historically been met by the Westmorland County Hospital at Kendal. Some of the more specialised services have always had to be referred to more distant centres. That has always been understood and accepted by our local community.

But in recent years there have been signs that our local folk may be forced to rely more and more on Lancaster, and less on Kendal. Some people think that Westmorland risks being left rather ill served if the hospital services concentrate themselves on distant Lancaster and Carlisle. There is a lot of territory in between, and public transport communications are not at all easy for out-patients and visiting relatives to get to those hospitals and home again the same day.

With the publication of the Government's Hospital Plan and the consequent press comment and political pressures, the Regional

Hospital Boards became noticeably much more sensitive to public opinion. There are a lot of local questions to be settled: some have been answered for the time being: some are being argued out now: some will have to be soon.

For example, in 1961 we obtained the assurance from the Manchester Regional Hospital Board that Helme Chase should continue as a general practitioner maternity home, and that some obstetric consultant services should continue to be available in Westmorland. Public sentiment seemed to be particularly strong about preserving some maternity beds in a place where the local women wanted them.

Under very critical review at the present time is the Manchester Regional Hospital Board's policy for providing geriatric and chronic sick beds in the Kendal neighbourhood. There are three main points at issue: the state of the present hospital buildings at Kendal Green, the total number of geriatric beds locally, and the long-term future provision of chronic sick and geriatric beds within the Borough of Kendal or its very close vicinity.

These hospital problems are just as much a matter of environmental public health for our own Local Authorities as they are administrative exercises for the Regional Hospital Boards. I believe that it does matter very deeply where our old folks are looked after when they fall ill: somewhere where they will go cheerfully, keep in touch with home: not just swept away out of sight. I believe that relatives and friends should easily be able to visit the hospital: to leave their homes running for the short time while they are out: not to spend hours and hours travelling on the scanty rural bus services and curtailed railways, coping with darkness and winter weather, weariness and worry.

So too, it behoves us to keep a watchful eye upon the future existence and functions of the Westmorland County Hospital, and the services which we can obtain there; and upon Meathop Hospital and the Ethel Hedley Hospital. We cannot afford to sleep in at a time when radical changes are being discussed out of earshot across our borders. I believe that Westmorland deserves a lot of extra thought and care in planning the hospital services: and it seems worthwhile going on saying so.

Hospital and Ambulance Arrangements for Infectious Diseases.

National Health Service Act, 1946. Parts II and III.

Hospital accommodation for infectious diseases is provided by the Manchester Regional Hospital Board at Beaumont Hospital, Lancas-

ter, a modern and well-equipped building within easy reach of this area under modern transport conditions.

Smallpox cases will be admitted to the Ainsworth Smallpox Hospital near Bury.

Ambulance transport for cases of infectious diseases is provided by the Westmorland County Council and is based in Kendal.

Disinfection Arrangements.

Disinfection facilities for clothing and bedding are not very satisfactory owing to the lack of a steam disinfecter. It is, however, possible to obtain the service from neighbouring authorities.

Disinfection of premises and other chattels is carried out locally and presents no special problems.

HOUSING.

The Housing Acts.

Under the Housing Acts your Council has a duty to consider the general housing conditions in your District, to ascertain whether any are unfit for human habitation, and to assess the need for further houses. You have powers to deal with unfit houses, powers to provide new houses for all classes, and various powers and duties in the management of your Council's housing estates. Good housing conditions are an integral part of public health.

Present Housing Position.

The number of inhabited houses in your District is 2,423. With an estimated population of 6,630, the average number of persons per house is 2.8. This is not a high figure for a desirably-sized family, but the 1961 Census showed that 347 houses had only one occupant, and another 779 houses had only two.

There appears to be little overcrowding within the strict definition of the Housing Act which assumes that living-rooms are used also for sleeping purposes, and that the sexes can be segregated irrespective of age, health or family relationships. At the time of the 1961 Census there were 2,237 private households living in 2,228 structurally separate dwellings.

It is probable that overcrowding is temporarily increased during the peak of the holiday season, but no certificates under Section 80 of the Housing Act, 1957, have been granted by your Council to authorise exceeding the permitted numbers.

General Progress of Slum Clearance and Improvements.

Westmorland as a whole has made very encouraging progress in post-war slum clearance despite all the difficulties of the times. Since

the campaign was resumed in 1948 well over 1,000 houses in the County have been dealt with by formal action under the Housing Acts. Most of these will eventually be demolished or converted to trade use, but many of them have been reprieved by their owners undertaking to spend considerable money for comprehensive reconditioning up to modern standards. In addition to these formal actions there have been a very creditable number of informal schemes for the renovation of sub-standard houses, either with the aid of improvement grants or entirely by private enterprise. The aim is to save a house wherever possible, but if it cannot be brought up to an acceptable standard of safety, decency and amenity the sooner it is swept away the better.

The Housing Repairs and Rents Act, 1954, required your Council to declare their proposals for dealing with sub-standard houses. You resolved to deal with the estimated 40 unfit houses within the next ten years. The Ministry of Housing and Local Government approved the proposals, and they are now on deposit for public inspection.

But in addition to the Statutory Programme, Windermere U.D.C. also had the much greater burden of providing rehousing for the occupiers of 243 war-time hutments on the Calgarth estate. This meant in effect a post-war task of dealing with 301 known substandard houses. The full total was perhaps not understood in 1945, because further old houses have deteriorated into unfitness since that time.

Perhaps a clearer way of illustrating our progress is to present it in the form of a Balance Sheet. It is set out on an adjacent page.

I regard this as an excellent achievement, and it is a tribute to the vigorous way in which Windermere Council tackled their rehousing responsibilities. We shall more than fulfill the spirit of the Statutory Programme for slum clearance, and now we can simply prune out and tidy-up the occasional decaying properties. The following paragraphs analyse the actions taken during the current year, and are mainly for record purposes.

Closing Orders.

Housing Act, 1957. Section 18.

No closing order was made during the year. There were 11 closing orders on the Register of Local Land Charges at the year end. All were unoccupied as dwellings at the year end.

Undertakings not to use for Human Habitation.

Housing Act, 1957. Section 16.

No such undertakings were accepted during the year, leaving seven undertakings on the Register of Local Land Charges at the year end.

Two such houses were still occupied. One house was reconditioned as a habitable flat over a café.

WINDERMERE URBAN DISTRICT.
Slum Clearance Position on 31st December, 1963.

SLUM CLEARANCE TASK.		SLUM CLEARANCE PROGRESS.	
Slum Clearance actions uncompleted from		Action completed by demolition or conversion	
prewar	... .. 2	to other approved use or made fit on	
		recondition	... .. 287
Calgarth wartime huts	... .. 243		
Slum Clearance actions before the Statutory		Vacant and awaiting demolition	
Programme	... .. 16		... .. 1
The Statutory Programme of unfit houses		Waiting rehousing from occupied condemned	
under the Housing Repairs and Rents		houses	... .. 4
Act, 1954	... .. 40	Houses made fit or otherwise dealt with by	
		informal action	... .. 6
		Not yet dealt with	... .. 3
	<hr/>		<hr/>
	301		301

Undertakings to Repair.

Housing Act, 1957. Section 16.

There were none during the year and none were outstanding.

Improvement Grants.

House Purchase and Housing Act, 1959.

During the year 12 standard grants were made for the improvement of houses, making a total of 54 since the commencement of the scheme. Two Discretionary grants were also made during the year.

Demolition Orders.

Housing Act, 1957. Section 17.

No demolition orders were made during the year. One order remained outstanding on the Register of Local Land Charges. The house was unoccupied. Two houses were demolished during the year.

Clearance Areas.

Housing Act, 1957. Section 42.

No clearance areas were made during the year.

One confirmed clearance area consisting of three houses at Bowness Bank were all still occupied. They have been on the Register of Local Land Charges since 1955 and your Council are under a legal obligation to rehouse the occupiers. This is getting well overdue, although it would seem that the houses are illegally occupied, in contravention of the Order.

A further potential clearance area exists at Lowside, Bowness, and contains the three unfit houses outstanding in the statutory slum clearance programme, as well as some other houses which seem to have deteriorated. The fate of this jumbled group of old small cottages is bound up with much bigger considerations than the slum clearance programme. They may all be involved in a comprehensive scheme for road-widening and central redevelopment of the old part of Bowness. I therefore think it is best to integrate all these interests, to avoid the prejudice of picking out unfit cottages piecemeal from an obsolete pattern of narrow lanes and alleys. We can afford to mark time now.

Estimated Requirement for New Houses.

Housing Act, 1957. Section 91.

At the year end there were 208 applicants on your Council's waiting list for rehousing. To what extent your Council should meet this demand is quite another matter. How many people should be encouraged to believe that their rehousing hopes will be fulfilled this year, next year, sometime, or never. Perhaps it might be kinder to tell

some of them to fend for themselves or seek a home somewhere else. It must be very difficult for them to weigh up their chances of getting a Council house.

But however many houses you decide to build, I trust that you will continue to bear in mind the specialised needs of the high proportion of elderly people in your District.

Housing Building Progress.

Since the end of the 1939-45 War, 327 houses and flats have been built by your Council and 247 by private enterprise. 22 of the latter were completed during the year.

There were two conversions during the current year to provide extra dwellings from existing buildings; there had been many in previous years, and the post-war total is 142.

Tenants Selection.

The present method of selecting tenants for your Council houses is for your Housing Sub-Committee to consider all the applications and then select the tenants whom they consider are most in need of being rehoused. A pilot points system is in operation and there is no anonymity.

During 1963 your Public Health Inspector was allocated the additional duties of preparing and checking the material for tenancy applications, including interviewing and visiting where necessary. This entailed a lot of extra work which seriously eroded the time available for his proper public health inspection duties. That was a bad thing.

In general principle, however, I welcome the combination of housing and public health inspection functions. There are many practical advantages, as I know from our experience in my other County Districts. Therefore, in December 1963, I recommended your Council to take the necessary steps for Mr. Shepherd to perform the housing duties outside the already too scanty time available for normal public health inspection duties.

When these proper safeguards have been implemented, I feel sure that the scheme ought to work well.

Housing Management.

Your Council now own 395 permanent dwellings. Routine repairs and maintenance are carried out partly by direct labour and partly by local contractors. Rents vary from 14/2d. to 48/- per week, exclusive of rates, and the rateable values of the Council houses are between £44 and £62.

The examination of rentals and rates may not seem at first to have much to do with public health, but it does have considerable significance. It is not unknown for persons who have been rehoused from poor quarters into modern Council houses to have to pay their rents and rates from the portion of their income which rightly belongs to the purchase of food. Domestic economy can affect the general standard of the public health almost as much as environmental conditions, and some attempt must be made to maintain a balance between these conflicting factors.

Verminous Houses.

Public Health Act, 1936. Section 83-85.

Public Health Act, 1961. Section 35.

No action was necessary during the year.

Nuisances and Notices re Dwellings.

Public Health Act, 1936. Sections 91-100.

Public Health Act, 1961. Section 26.

During the year the following action was taken:—

Informal Notices served	...	52
Statutory Notices served	...	2

In no case was it necessary to obtain an Abatement Order from the Court. There was a general desire on the part of owners to remedy the defects.

Certificates of Disrepair.

Rent Act, 1957.

There were no applications for certificates, no proposals to issue such certificates were served and no undertakings to carry out the works were accepted by your Council. No certificates were served to owners.

Dangerous Buildings.

Public Health Act, 1936. Section 58.

Public Health Act, 1961. Sections 24 and 25.

No notice was served during the year.

Parks and Open Spaces.

Your Council has extensive parks and open spaces both around the Lake and on the surrounding heights. These form a very valuable amenity for the elderly and those who for various reasons enjoy leisurely contemplation of the mountains.

Bathing Facilities.

A portion of Windermere Lake is marked off by stakes at Miller-ground. The bathing is safe from physical dangers and from any serious contamination as lake water flows naturally through the pool at all times. During 1955 I drew your Council's attention to the undesirability of visitors to Millerground drinking from Wynlass Beck which receives sewage effluents, and the cemetery drainage, not far upstream. I recommended warning notices and the provision of a water tap from the public main. I am also not satisfied with the drainage from certain premises in that area. Luckily the polluting sources are some distance from the bathing-pool. Indiscriminate excretion on the adjoining land presents difficulty from time to time, but the renewed interest taken in the Swimming Club has led to a very welcome improvement in the general hygiene of the site.

Caravans.

Caravan Sites and Control of Development Act, 1960.

One new licence was issued during the year, and the total number of current operative caravan sites licences was four at the year end. Removal action was enforced against one unauthorised caravan.

On the whole the site management of these amenities, and the general conduct of the users, have been satisfactory. Plans are being made for overnight halts of touring caravans on Braithwaite Fold car park next year.

Tents, Vans, Sheds and Moveable Dwellings.

Public Health Act, 1936. Sections 268-269.

One new licence was issued, and four were in force at the year end. Your Council imposes conditions upon the grant of licences and requires their annual renewal. As this District is within the National Park it is most desirable that strict but unobtrusive supervision should be exercised over camping sites to ensure that the natural beauty of the country is not despoiled by the careless few.

Unlicensed camping sites are scattered throughout the District but very little nuisance arises from casual campers. The improvised sanitary arrangements and refuse disposal cause little trouble, but the campers take water from polluted becks at their own risk.

WATER SUPPLIES.

The public water supply is potentially adequate in quantity and, except for occasional seasonal troubles with diatoms and algae, it is generally satisfactory in quality. Plans are being made to undertake fuller treatment at the Dubbs source.

Regular sampling of water in the distribution system is carried out, and the results of laboratory examinations are set out in Appendix A of this Report.

1962 marked the end of your Council's historical role as the statutory water undertakers for your District, since you took it over from the private company and saw the transfer of functions to the newly-formed Lakes and Lune Water Board. You will of course still be expected to see that the quality of the public water is properly maintained, and you may wish to press the Water Board to make certain improvements.

We shall continue to operate the excellent liaison arrangements with the Westmorland officers of the Ministry of Agriculture, Fisheries and Food, for the joint investigation and assessment of applications for grant-aided farm water supply schemes. I have been most grateful for the longstanding co-operation of the Ministry's Regional Advisory Bacteriologist and the other staff at the Regional Headquarters in Newcastle-upon-Tyne. It enables us to co-ordinate the safeguards to the public health as well as the agricultural interests.

Connections.

The number of houses connected to the public supply is about 2,425, which leaves 98 reliant upon private supplies. There are stated to be no houses supplied from standpipes.

I have no official knowledge of the quantity of the private water supplies, but I suspect that the quality of the average supply fluctuates widely and I can do no more than warn the users that they drink it at their own risk, that they should have it tested for purity at regular intervals and that if in doubt they should boil it.

General Provision of Baths and Hot Water Systems.

The 1961 Census revealed that about 13% of unshared dwellings in our District had no fixed bath. Although far from satisfactory, it is an improvement since the 1951 Census when about 25% were without.

The 1961 Census showed also that 7½% of such households are without a hot water tap. There is still a lot to be done to bring our older and smaller cottages up to modern standards. I hope that grants will help to achieve this.

SEWERAGE.

Public Health Act, 1936. Sections 14-15.

The greater part of your District is provided with public sewerage which was installed or relaid during the last 50 years.

Sewage has to be pumped to Tower Wood at two points in the system. The first pump is situated at Calgarth and the second at Bowness Bay. There are storm water overflows in connection with each of these plants for the excess to pass directly into the Lake.

Your Council are planning a major reconstruction of the sewage disposal works at Tower Wood. It includes new sedimentation tanks and additional filters and sludge disposal plant. I was glad to support these proposals at the Ministry of Housing and Local Government Inquiry held in January 1963.

A small private sewage disposal works at The Cheshire Home, Holehird, became seriously defective during 1963. Because of the nature of use of this Home, our Department spent a lot of time helping to locate and remedy the troubles. Modifications to the system were in hand at the year end, and we hope that they will prove effective.

Most of the houses which are not within the sewered area use cesspools and septic tanks. These have been giving rather a lot of troublesome nuisance in recent years, due to overloading, clogging of soakaways, and unauthorised discharges of inefficiently treated effluents into watercourses and the lake. The limited time of the Public Health Inspector has not been sufficient to cope with these nuisances, and I have some misgivings about the accumulating risks to our residents and visitors.

Some of the older houses still linger on with pail-closets, privies, and privy-middens, mainly in the more outlying parts of our District. The 1961 Census showed that 49 households are still entirely without water-closets, and a further 27 shared with neighbours. There were no conversions to water-closets during the year.

I should not care to underestimate the amount of work which is needed to clean up Windermere's private sewage and drainage nuisances. When we get enough time allocated for public health inspection we will be able to tackle the job in the way it should be done. I do not wish to see another Zermatt here.

Public Conveniences.

Public Health Act, 1936. Section 72.

Public conveniences are sited at Bowness Bay, Pinfold, New Road, Broad Street, Queen's Park and Glebe Road.

PUBLIC CLEANSING.

Refuse Collection.

Public Health Act, 1936. Section 72.

Domestic refuse is collected from the whole of your District with the exception of a few detached and isolated dwellings. Your Council's own vehicles and staff are used for this work.

Refuse Disposal.

Public Health Act, 1936. Section 76.

Your Council opened their present tip at Lindeth in 1957 and undertook to carry out fully-controlled tipping to the standards laid down by the Ministry of Health. That promise will require the expenditure of sufficient money to provide adequate labour on the site and a proper amount of covering material. Otherwise nuisances and public risks will be created.

Street Cleansing.

Public Health Act, 1936. Section 77.

This work is undertaken by the Highways Department and the streets are well maintained.

FOOD AND DRUGS.

General Powers.

Food and Drugs Act, 1955.

Your Council bear most of the statutory responsibility for safeguarding the public from foodborne diseases. The main aim is directed towards securing proper and hygienic conditions for the manufacture, preparation and sale of food. The secondary aim is to trace and localise any outbreaks of disease which may occur in spite of preventive measures.

Precautions against Contamination.

Food and Drugs Act, 1955.

Food Hygiene Regulations, 1955.

Food hygiene is steadily improving throughout your area. Public opinion is well ahead of the law and most traders are aware of the fact. The good food trader does not need official instruction in basic cleanliness or in the enforcement of legal minimum standards. He may welcome advice on technical problems, but his aim is how high he can get, not how low he can get away with.

Unfortunately there have been some noticeable exceptions in Windermere during 1963. A small minority of rather sleazy food

establishments have appeared in the District. I have been beginning to receive complaints from the general public about them. That is a bad sign. Our Public Health Inspector has done his best in the limited time available for such duties, and I have had to intervene myself with formal warnings. I am hopeful however that when we obtain proper time for public health inspection we shall be able to deal with these dirty food places without recourse to legal proceedings.

The responsibility for safe food does not rest entirely with the trader, as the housewife must play her part as well. Quite a lot of strange things happen to food between the shop counter and the dinner plate, and the educational campaign has had to be carried into the home. Foodborne diseases, mild dysenteries and attacks of diarrhoea and vomiting are not infrequent in our homes and among our visitors. I am confident that higher standards will reduce these preventable diseases.

Ice-Cream Trade.

Food and Drugs Act, 1955. Section 16.
Ice-Cream (Heat Treatment, etc.) Regulations, 1947.

The following premises were registered:—

Manufacture by hot mix, cold mix, storage and sale	...	3
Manufacture by cold mix, storage and sale	... ..	1
Storage and sale only	... ..	48

Prepared Meats.

Food and Drugs Act, 1955. Section 16.

The number of premises on the Register for the preparation of sausages, potted meat, preserved meat, pressed meat and pickled food was 16 at the year end. No particular difficulties have been encountered in these trades.

MILK.

Registration of Milk Distributors and Dairies which are not Dairy Farms.

Milk and Dairies Regulations, 1959.

Total number of registered distributors on register	...	31
„ „ dairies	„ ..	1
„ „ dairies	„ ..	
(used as a milk store only)		1

With the classification of Windermere as a specified area, the retail distribution is solely by bottled designated milk, except in the case of the larger establishments, where milk is delivered in larger sealed containers.

Pathogenic Organisms in Milk.

Food and Drugs Act, 1955.

Biological and other test results on samples taken by various Authorities, from sources in our area, continued to be passed to me.

In the early part of 1963 I had to take the statutory formal steps to restrict, temporarily, the milk-handling activities of a dairy farmer who was a contact of the Zermatt Typhoid outbreak. The person concerned co-operated with good grace, and all restrictions were withdrawn as soon as the laboratory tests proved satisfactory.

During the height of the summer tourist season in 1963 some of the samples of raw milk and cream taken in our District revealed the presence of live germs of *Brucella Abortus*, which can cause a very prolonged and distressing human disease. The source of the infected milk was traced, and with the willing co-operation of the dairy farmer and our veterinary surgeon colleagues the offending cow was discovered and suitably dealt with. I was most grateful also for the help of the Ministry of Agriculture, Fisheries and Food in the investigation and handling of this incident.

With the eradication of bovine tuberculosis, it seems likely that the next milkborne disease to be tackled may be brucellosis. I believe that many human cases go unrecognised.

Condemnation of Meat.

Food and Drugs Act, 1955.

All slaughtering is carried out at the Kendal Abattoir where the meat is inspected by the Borough Inspectors. No meat was condemned during distribution within your District.

Condemnation of Other Foods.

Food and Drugs Act, 1955.

The following foodstuffs were condemned by your Inspector during the year:—

Corned Beef	14 lbs.
Ham	184 lbs.
Turkey	29 lbs.
Sausages	6 lbs.
Pork	19 lbs.
Beef Steak	4 lbs.
Vegetables	27½ lbs.
Fruits	39 lbs.
Tomatoes	4 lbs.
Bananas	1 ton 12 cwts.

Method of Disposal of Condemned Food.

The Minister of Health requires me to describe the current methods for the disposal of condemned food. In this District it is buried at the Council's refuse tips.

GENERAL INSPECTIONS.

From 1st April, 1956, the major revision of your Council's staff split the longstanding combined appointment of Engineer and Surveyor with Public Health Inspector. The new arrangement provides for the sharing of a Public Health Inspector with the neighbouring Rural District of South Westmorland. Mr. Shepherd was supposed to devote four sessions per week, made up of two full days, Tuesdays and Fridays, to his public health inspection duties at Windermere.

The scheme worked well during the early years, but gradually showed signs of overstrain. It began to break down seriously during 1963 when your Council added the burden of extra housing duties without providing any more time to do it.

Not only did these extraneous and additional duties erode into the officer's time which should have been spent on his customary responsibilities, but the work of public health inspection around the District itself increased in volume and complexity.

Mr. Shepherd continued to attempt this load with great gallantry and loyalty, with a lot of unpaid overtime in the evenings and weekends. I record my sincere recognition of his efforts.

But by mid 1963 it became obvious that a more drastic remedy was needed to ensure that the public health should be properly safeguarded. I should not be prepared to tolerate a policy of closing our eyes, and keeping our fingers crossed, and simply pretending that we were doing our job properly.

Windermere has an all-year-round population of some 6½ thousand people, on top of which we receive hosts of summer resident visitors, day-trippers, travellers and weekenders. At the peak seasons our population is probably well over ten thousand. The provision of one part-time Public Health Inspector, on Tuesdays and Fridays only, has therefore now become ludicrously inadequate.

But it is not simply a matter of numbers of people. Windermere and Bowness are renowned holiday resorts, with an honourable reputation to maintain. We cannot afford to let public health safeguards go on sliding down. We have learned the lessons of Zermatt.

Consequently I made a sober assessment of the position, and formally told your Council in December 1963 that I recommend a minimum of six sessions per week, which means three full days, to be made

available for the customary duties of public health inspection, outside any housing management, tenants selection, or other extraneous duties.

I also put on record that, if future experience shows that even six sessions per week are inadequate for the proper performance of safeguarding the public health, I may have to request you to provide more. There are many Districts elsewhere with comparable responsibilities where a full-time Public Health Inspector is employed. But for the moment I am willing to see how we can cope with a part-time officer providing six unencumbered sessions per week.

At the end of the year your Council were considering these representations.

Offensive Trades.

Public Health Act, 1936. Section 107.

There are no offensive trades in the District.

Factories.

Factories Act, 1961.

There are 46 factories on the Register. 29 inspections were made. No written notices were issued and no prosecutions were required.

No references were made to H.M. Inspector of Factories and none were received from him.

During the year I made a series of personal visits to H.M. Inspector of Factories at Carlisle, to reconcile our respective registers and to discuss certain policy matters with him and H.M. Medical Inspector.

Factory Inspections.

Premises.	Number of Premises.	Number of		
		Inspec- tions.	Written Notices.	Occupiers prosecuted.
Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ..	4	2	—	—
Factories not included in (1), in which Section 7 is enforced by Local Authority	42	27	—	—
Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	—	—	—	—
Total	46	29	—	—

No Defects were found.

No lists of outworkers were supplied to your Council by factory owners, and I have no official knowledge of any cases of default in this respect.

There are no basement bakehouses in the District. No certificates of the means of escape from factories in case of fire were issued during the year.

H.M. Inspector of Factories has been given details of your Urban District's administration of the relevant sections of Parts I and VIII of the Factories Act, 1961.

Shops Act, 1950.

21 visits were made under the Shops Act for the supervision of sanitary accommodation, washing facilities, and the maintenance of suitable temperatures.

Common Lodging Houses.

Public Health Act, 1936. Part IX.

There are no registered common lodging houses in the area.

Pests Act, 1949.

Your District is covered by the South Westmorland Joint Pest Control Board. Regular visits are made to your refuse tip, which seems to attract rather an undesirable number of rats. Service is also provided under contracts for many other premises in your area.

Rent Restriction Acts.

No action was taken during the year under the Rent and Mortgage Interest Restriction Acts, and no contraventions regarding rent book entries were encountered.

Smoke Abatement.

Clean Air Act, 1956.

No notices were served during the year to abate smoke nuisances.

Compulsory Removals.

National Assistance Acts, 1948-1951.

Three people were kept under my eye during the year, because I was notified that they were thought to be incapable of looking after

themselves and were not being helped enough by others. They have been kept going for the time being with some extra help, and I did not have to seek a Court Order.

Such cases are extremely distressing to deal with, and the course of compulsory removal is reserved to meet the emergencies of a last resort when all other methods of help have failed. Sometimes it is very hard to decide what is really in the best interests of the patient.

A special conference was held during 1961 with the Welfare Authority to see what more could be done to prevent people from getting into such difficulties. Home help services, hostels, and partial dependency schemes may meet some of the problems. I hope that the harsh step of compulsory removal will be less needed as time goes by. It is so often tantamount to a death warrant.

Laboratory Services.

National Health Service Act, 1946. Section 17.

The Public Health Laboratory Service at Preston and Carlisle provide most of the facilities for our investigations. I am grateful for their help.

Public Mortuary and Post-mortem Room.

Public Health Act, 1936. Section 198.

Your Council have long provided a public mortuary and post-mortem room at Windermere, but post-mortem examinations have not been done there for many years on account of a lack of modern facilities. The premises are now kept solely as a public mortuary.

Byelaws.

Byelaws on public health matters are in force for:—

Building.	Nuisances.
Burial Grounds.	Slaughterhouses.
Common-Lodging Houses.	Pleasure Grounds.
Food handling.	

APPENDIX A. **Laboratory Examination of Public Water Supplies.**

Nature of Test.	Standards Max.	Dubbs Raw	Dubbs Treated	Ghyll Head Raw	Ghyll Head Treated
Pr. coli-count 37° ..	3-10	0	0	0	0
Faecal coli-strep. ..	—	—	—	—	—
Date sampled last	—	29/1/62	19/12/63	5/3/62	17/12/63
Character	—	Clear	Clear	Clear	Clear
Reaction	—	7.4	7.4	7.0	8.4
Ammonical Nitrogen	.041	.01	.01	Nil	.033
Albuminoid Nitrogen	.066	.01	.01	.11	.097
Total Solids ..	1000	30	20	48	100
Hardness {	Total ..	50	45	23	30
	Carbonate	25	25	7	—
	Non-Carb.	25	20	16	30
Chlorides	30	14	14	11	8.5
Nitrates	1.0	.1	.1	.07	—
Nitrites	—	—	—	—	—
O.2 Absorbed ..	1.0	.30	.20	1.76	1.40
Heavy Metals ..	—	—	—	—	—
Rainfall 24 hours ..	—	.14"	.71"	Nil	.06"
Date Sampled ..	—	28/8/63	25/6/63	14/11/61	25/11/53
Laboratory	—	Lancaster	Lancaster	Preston	Carlisle

Chemical analyses expressed in parts per million.

